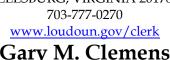


COMMONWEALTH OF VIRGINIA

COUNTY OF LOUDOUN

OFFICE OF THE CLERK OF CIRCUIT COURT

P.O. Box 550 LEESBURG, VIRGINIA 20178 703-777-0270





Kevin J. Blatchley Chief Deputy-Business Services Laura E. Boudreaux Chief Deputy-Operations & Finance Karen M. Myers Chief Deputy-Judicial Services

Credit Card Authorization Form

Date:	Case # (if applicable):
Cardholder Name:	
Credit Card Information: Visa MasterCa	ard Discover
Credit Card Number:	
Credit Card Security Code: Expiration I	Date:
Amount: \$ Convenience Fee: \$	(4% or \$2.00 whichever is greater)
Total Charge to Credit Card: \$	
Billing Address where credit card statements are sent:	
Phone Number:	
Department:	_
Staff Member who processed transaction:	
Transaction/Receipt Number (In DTS or FAS) :	